## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

7072614560/R74

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                |                               |                              |                  | SMALL ENTITY TYPE ( |                        | OR | OTHER THAN SMALL ENTITY |                        |
|---|--|---|--------------------------------|-------------------------------|------------------------------|------------------|---------------------|------------------------|----|-------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 5                              |                               |                              |                  | RATE                | FEE                    |    | RATE                    | FEE                    |
| FOR   |  |   | NUMBER FILED                   |                               | NUMBI                        | ER EXTRA         | BASIC FEE           | 355.00                 | OR | BASIC FEE               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 5 minus 20=                    |                               | . /                          |                  | X\$ 9=              |                        | OR | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =                    |                               |                              |                  | X40=                |                        | OR | X80=                    | /                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                         |                               |                              |                  | +135=               |                        | OR | +270=                   | /                      |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in o |                               |                              | olumn 2          | TOTAL               |                        | OR | TOTAL                   | 710                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                                |                               |                              |                  | SMALL               | ENTITY                 | OR | OTHER<br>SMALL I        |                        |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                          | **                            |                              | =                | X\$ 9=              |                        | OR | X\$18=                  |                        |
|   | Independent                                    | *   | Minus                          | ***                           | F.CL AINA                    | = .              | X40=                |                        | OR | X80=                    |                        |
|   | FIRST PRESE                                    | NTATION OF MI                             | JULIPLE DEP                    | ENDEN                         | CLAIM                        |                  | +135=               |                        | OR | +270=                   |                        |
|   |  |   |                                |                               |                              |                  | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE     |                        |
|   |  | (Column 1)                                |                                | (Colu                         |                              | (Column 3)       | 7,5511.122          |                        |    |                         |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | NUM                           | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE .              | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                          | **                            |                              | =                | X\$ 9=              |                        | OR | X\$18=                  |                        |
|   | Independent                                    | *   | Minus                          | ***                           | F.CL AIM                     | =                | X40=                |                        | OR | X80=                    |                        |
| <u> </u>  | FIRST PRESE                                    | NTATION OF MI                             | ULTIPLE DEP                    | ENDEN                         | CLAIM                        |                  | +135=               |                        | OR | +270=                   |                        |
|   |  |   |                                |                               |                              |                  | TOTAL<br>ADDIT FEE  |                        | OR | TOTAL<br>ADDIT. FEE     |                        |
|   |  | (Column 1)                                |                                | (Colu                         | mn 2)                        | (Column 3)       | ADDITITEE           |                        |    | ADD(1.1 E.C.)           |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                          | **                            |                              | =                | X\$ 9=              |                        | OR | X\$18=                  |                        |
|   | Independent                                    | *   | Minus                          | ***                           | T 01 1111                    | =                | X40=                |                        | OR | X80=                    |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |                              |                  | +135=               |                        | OR | +270=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                |                               |                              |                  |                     |                        | l  | TOTAL                   |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                |                               |                              |                  |                     |                        |    |                         |                        |